



## **Constructing Intercultural Dialogues Case Study #5**

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### **Intercultural Dialogue and Deaf HIV/AIDS**

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#### **Context**

Deaf people have been part of the HIV/AIDS epidemic since the beginning. There was, for example, a thriving gay Deaf community in New York in the 1980s that was decimated by the epidemic. In 2008, because of my interest in combatting Deaf AIDS, I helped organize a number of events at the big biennial AIDS meeting in Mexico City, including a Deaf and Disability Pride Zone and a Deaf Outreach Night. Part of the work I did was to help arrange for interpreters at the event, a tricky task as we were dealing with multiple languages including English, Spanish, American Sign Language (ASL), and Mexican Sign Language (LSM).

#### **Participants**

Deaf colleagues at AIDS 2008 included Canadian Donald Pilling from the remarkable Coalition Sida des Sourds du Québec, the only Deaf run anti-AIDS organization anywhere, and Washington Opiyo, an activist and organizer from Kenya. The official spoken languages of the AIDS 2008 conference were English and Spanish. Washington brought his own accompanying interpreter, Isabel, while Donald relied on the two interpreters hired by the International AIDS Society organizers for the occasion, Daniel Maya—fluent in Spanish, LSM and ASL—and Alexis Martinez who knew Spanish, LSM, ASL and English. Daniel and Alexis handled all the official conference interpreting responsibilities, a ridiculous assignment for a conference of 25,000 people, and a reflection of the lack of attention to Deaf issues. My main roles at the conference were publicist, organizer, and intermediary. My aim was to get officials and attendees of the biennial international AIDS conference to understand how the disease has an unusually deadly impact on Deaf communities. Donald was at the conference by my invitation and Daniel and Alexis were hired only after months of negotiations with IAS officials.



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### **Description**

Professional interpreting is expensive and price is always a sticking point. There was also a profound lack of understanding how interpreters should be used by the officials at AIDS 2008. I joined my Deaf colleagues at the front of auditorium for the opening ceremony, a highlight of the conference, so saw the issues with interpreting first hand. Normal procedure would be having the interpreters focus on interpreting for the Deaf people in the audience, Washington and Donald. As Washington's interpreter was an accompanying interpreter, she was just sitting next to Washington, signing for his eyes alone. Daniel and Alexis were signing for Donald, standing just in front of the row of seats we were sitting in.

When officials saw the interpreters, however, they asked all of them to stand on stage and interpret the entire hours long opening ceremony including speeches by major officials such as then UN Secretary-General Ban Ki-Moon and Mexican President Felipe Calderon. Daniel stood on the far side of the auditorium near the presenters, signing LSM, while Alexis signed ASL for Donald and Isabel signed Kenyan Sign Language (KSL or LAK) for Washington. Interpreters are usually supposed to swap out every twenty minutes so this was a huge breach of standard interpreting practices. Isabel in particular, who had not been expected to do any public interpreting, looked exhausted by the end of the event.

### **Dialogic features**

Deaf discourse is visual and depends upon not only understanding distinct sign languages, in this case ranging from American Sign Language to Mexican and Kenyan Sign Languages, but also the logistics of space, movement and the human limitations involved with communicating in any sign language. Learning the requirements of communication is the first step to communicating ideas and needs. This example of intercultural dialogue was successful in some ways—the world got to see versions of the opening speeches in LSM, ASL and KSL. But it was also a failure in terms of proper treatment of valuable professionals. The Deaf community is unusually impacted by HIV/AIDS, something downplayed in this lack of acknowledgement of the needs of both the Deaf community individuals attending the conference and the interpreters working with them.



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### **Lessons learned**

AIDS 2008 was almost ten years ago. Since then there have been more interpreting and outreach successes and failures. At AIDS 2010 in Vienna, there was interpreting in British Sign Language and Russian Sign Language (English and Russian were the official languages of the conference) but no Austrian Sign Language interpreters until a week of lobbying at the conference. AIDS 2014 in Australia had no Deaf community outreach at all. AIDS 2016 had a successful Deaf outreach organized by South African activist Nkosinathi Freddy Ndlovu.

There is still so far to go but the fight to bring the issue of Deaf HIV/AIDS the attention it deserves is ongoing. The problems faced by Deaf HIV+ people are immense and rarely recognized by either the AIDS community or the larger Deaf community. As Deaf HIV+ people may also be people of color, part of the LGBT community, poor, and immigrants the issue is a thorny thicket of challenges. But the intersectionality of the Deaf AIDS community also opens up opportunities to interact with a wide variety of interlocutors including people with disabilities and Deaf communities around the world. Organizing outreach events, getting well-trained interpreters, and treating them with respect are all part of this effort. The next round of organizing has begun. AIDS 2018 Amsterdam, here we come!